

# Providing Security For Your Support Payments.

In the coming months, everyone who receives a support check from the Family Support Payment Center will receive a SecuritE Card in the mail. No application is required. The SecuritE Card provides an easier and safer way to receive and manage your support payments. It is a debit MasterCard® card loaded with your support payments. It gives you the convenience of MasterCard®, but it is not a credit card. The SecuritE Card eliminates the possibility of lost or stolen checks, costly check cashing fees and postal service delays. Use your card to:

- **Purchase items at millions of businesses worldwide that honor debit MasterCard®**
- **Request cash back at the time you pay for goods and services (point of sale)**
- **Access cash from over 935,000 ATMs and banks honoring debit MasterCard, Allpoint and Central Bancompany Dogwood logos**

If you prefer to receive support payments by electronic deposit to your checking or savings account complete the *Direct Deposit Application* on the back of this form. Paper checks will no longer be issued. We hope you will appreciate the convenience of having your support payments either deposited directly into your bank account or loaded onto the new SecuritE Card.



# DIRECT DEPOSIT APPLICATION

MAIL TO: FAMILY SUPPORT PAYMENT CENTER  
PO BOX 109006  
JEFFERSON CITY, MO 65110-9006

CALL TOLL FREE 1-888-761-3665

## SECTION A - PAYEE INFORMATION

1. PAYEE NAME (LAST, FIRST, MIDDLE)		
2. PAYEE ADDRESS (NUMBER AND STREET)		(APT #)
CITY	STATE	ZIP
3. PAYEE SOCIAL SECURITY NUMBER		
4. PAYEE TELEPHONE NUMBER (INCLUDING AREA CODE)		

## SECTION C - DIRECT DEPOSIT AUTHORIZATION

I hereby authorize the Family Support Payment Center and the State of Missouri, Division of Budget and Finance to initiate credit entries (deposits) and to initiate, if necessary, debit entries (withdrawals) or adjustments for any credit entries made in error to my account designated above. I understand my direct deposit enrollment may be terminated if I fail to notify the Family Support Payment Center of changes in account information.

PAYEE SIGNATURE	DATE
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## SECTION B- FINANCIAL INSTITUTION INFORMATION

1. FINANCIAL INSTITUTION		
2. FINANCIAL INSTITUTION ADDRESS (NUMBER AND STREET)		
CITY	STATE	ZIP
3. FINANCIAL INSTITUTION TELEPHONE NUMBER (INCLUDING AREA CODE)		
4. TYPE OF ACCOUNT		
5. ROUTING NUMBER (9 DIGITS)		
6. DEPOSIT OR ACCOUNT NUMBER		

ATTACH VOIDED CHECK OR DEPOSIT SLIP